

Lessons From a Career in Geriatrics

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Objectives

- Discuss the state of geriatric education in healthcare
- Evaluate the importance of life expectancy in older adults
- State how geriatric care competency can improve outcomes in older adults.



The Face of Aging is Changing

- 2015: 48 Million people 65 years old or older
 - 15% of our population
- 2030: 71 Million people 65 years old or older
 - 20% of our population
- 3.8 Million people turn 85 years old every year
- The number of centenarians in the US - >75,000 is up nearly 50% since 2000.
- Health care professionals must be knowledgeable in promoting cognitive and physical function as well as managing chronic disease.

Complexity of Aging

Speaking of 90+ year old patients....

“Whatever has gone wrong with their cardiovascular systems, they are usually also coping with several other chronic conditions and disabilities, from diabetes to hearing loss. They take a raft of drugs. They may not cope well with procedures and regimens effective for younger patients.” Dr. Dodson, Geriatrician at NYU Langone

Health System Challenges

- Typically older people are sicker with higher acuities and more co-morbidities
 - Hospitalizations have longer LOS
 - Older adults may lose both cognitive and physical function during hospitalization
 - Older adults are more susceptible to “never events”.
 - >20% of Medicare patients are readmitted to hospitals within 30 days
- Polypharmacy regimens often result in delirium and cognitive decline
- People 75 and older use 3-4Xs more hospital days than 45-55 years old
- People 85 and older spend about 5X more on healthcare 45-55 years old

Changes in the Landscape

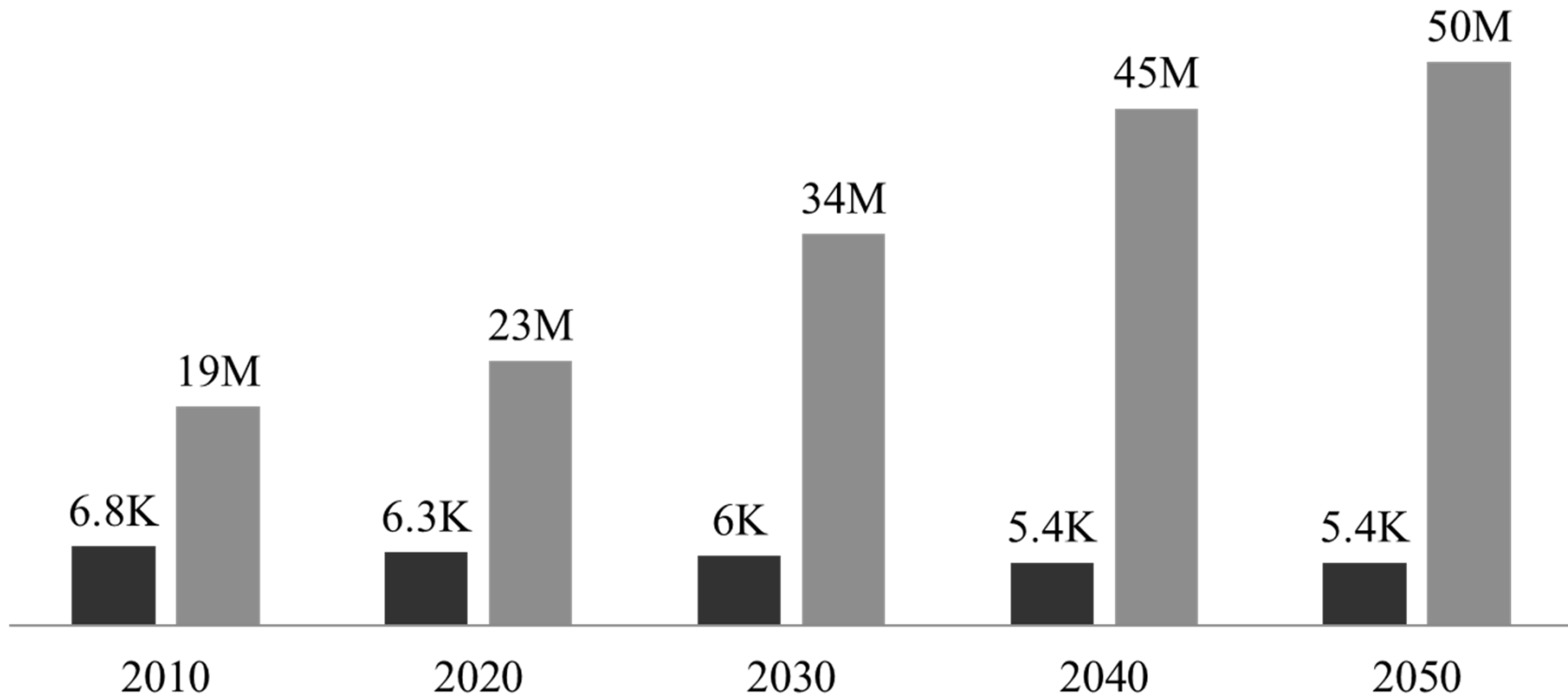
- People live longer because of life style changes and biomedical advances.
- People prefer to stay in their own homes .
- Hospitals are not where we want older people to be.
- There must be a greater emphasis on the preparation of the workforce for primary/ambulatory care
 - Good primary care throughout the lifespan promotes healthy aging
 - Good primary care for older adults promotes physical and cognitive function and chronic disease management
- Oncology nurses must be prepared to do assessment and management in ambulatory settings.

Workforce Preparation

- We simply do not have enough people with enough knowledge on the unique care of older adults
- Care of older adults is the most complex level of care
 - Multiple chronic diseases
 - Disabilities
 - Dementia

Projection of Geriatricians Geriatric Workforce Policy Studies (2009)

■ Geriatricians (in Thousands) ■ Population 75+ years (in Millions)



Failed to Draw Anywhere Near Sufficient MDs, Social Workers, and other Professionals into Geriatrics

- **Only 6,000** of 100,000 general internal medicine MDs are certified as geriatricians (2013)
- **Only 358** social workers credentialed in gerontology (2010)
- **Only 1,200** certified geriatric pharmacists of 270,000 practicing pharmacists have geriatrics certification (2010)

Failed to Draw Anywhere Near Sufficient Nurses into Geriatrics

- < 1% of the nation's 3million practicing RNs are ANCC certified in geriatrics
- **Less than 4,400** of nation's 234, 000 NPs and CNSs are certified in geriatrics (2015)
- The trend is for decreasing numbers of APRNs prepared in geriatrics
- Very few nurses in specialty practice with geriatric training

Basic Education

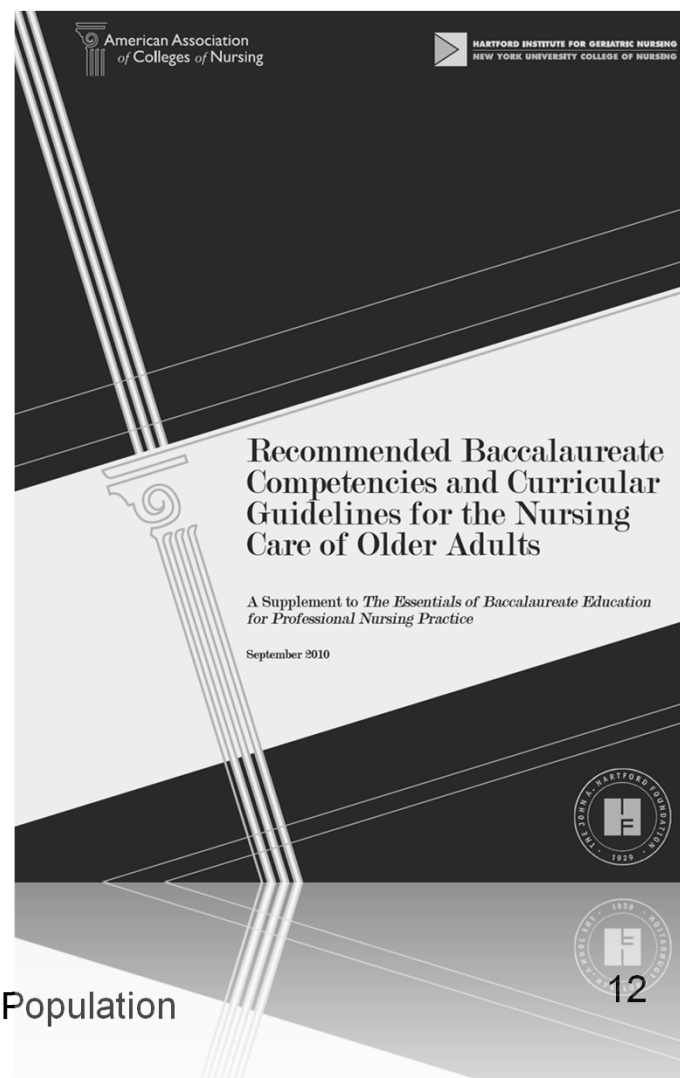
- It is essential that gerontology is an integral part of every basic nursing program
- Integrated or free standing course???
 - A free standing course can focus on the unique care of older adults and can provide direct experience with older adults in all settings
 - There are free standing courses that focus on the unique care of children
- This course needs to provide content on the healthcare of older adults where they are located and what their goals they have
 - Are they in a hospital, home, long term care?
 - Are they very well, frail, on palliative, hospice, end of life care?

Baccalaureate Competencies for Gerontological Nursing

- In 2010 the Hartford Institute for Geriatric Nursing (HIGN) at the NYU Rory Meyers College of Nursing collaborated with the American Association of Colleges of Nursing (AACN) to develop 19 competencies for geriatric nursing practice.
- Provides rationale , suggestions for content, teaching strategies and resources.
- Guides faculty in preparing students who are competent in caring for older adults and their families.

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Preparing Nurses for an Aging Population



Advanced Preparation: Advanced Practice Registered Nurses (APRNs)

- Under the APRN regulatory model, APRNs must be educated, certified and licensed **in a role and a population.**
- Adult-Gerontology Nurse Practitioners (NPs) are educated across the wellness and illness continuum for **acute care or primary care**
- The scope of practice for these two different certifications is **not setting specific**
 - Based on **the differences in patient care needs between the acute care phase and the primary care phase.**
 - The degree of wellness care and chronic disease management done by the adult gerontology acute care NP differs from that of the adult gerontology primary care NP

The Gerontological Nursing Workforce vs General RN Workforce

- Older adults require unique health care.
 - Geriatric nurses know that older adults have atypical responses to many diseases and illnesses.
- The workforce has been educated to cure disease- not prevent it.
 - Geriatric nurses encourage behaviors that enhance healthy aging and encourage high mental and physical function.
- The workforce is educated to develop and drive the plan of care. independent of the uniqueness of the individual and their environment.
 - Geriatric nurses understand that older people are more complex and age differently because of genetics and their life experiences.
 - Geriatric nurses allow older people to make informed decisions on how they live and die.

The Gerontological Nursing Workforce vs. General RN Workforce

- The workforce is educated to be hospital centric negating the influence of anything else related to health and wellness.
 - Most older adults live in the community.
 - Geriatric nurses assist older adults in self management of chronic disease.
- The workforce is prepared to care for children and adults.
 - Caring for people in the last one third of their life is NOT the same as caring for people in the first or second one third of their life.
 - Geriatric nurses understand the differences between caring for children, adults and older adults.

A Public Health Imperative : Drawing Care of Older Adults into the Mainstream of Health Care

- All health care workers should be educated to care of older adults
- All health care workers should be competent to deliver evidence-based care to older adults
- All health care environments (primary care; hospitals; home care; nursing homes) should be configured as “elder-friendly”

Geriatrics “Out of the Closet”

Older Adults are Health Care’s *Core Business*

- 50% of the nation’s hospital market
- 75% of formal home care services
- 90% of residents of assisted living & nursing homes
- 60% of adult primary care practices
 - Older adults make up:
 - 60% of visits to cardiologists
 - 53% of visits to urologists
 - 52% of visits to ophthalmologists

A “Prism” for Thinking About Older Adults with Cancer

Don't Be Swayed by Chronological Age – It is Only a Number

- Think physiological age NOT chronological age
 - Should a healthy 80 year old have a colonoscopy?
- Think functional age NOT chronological age
 - How is the person able to function?
 - Physically and cognitively
- Treat the patient, *not* his age or disease
 - Individualized treatment improves outcomes

A “Prism” for Thinking About Older Adults with Cancer

Don’t Underestimate Life Expectancy

- People 65 live an average of 15+ years
- People 75-84 live an average 10+ years

Older Adults are Oncology Nurses Core Business

- 60% of cancers occur in older adults
- 70% of cancer deaths occur in older adults
 - Breast cancer: 50% of all new dx in older adults
 - Prostate cancer: 65% of new dx in older adults
 - Lung cancer: 70% of new dx in older adults
 - Non Hodgkins Lymphoma: Peak incidence in people >75 years old

A Prism for Thinking About Care of Older Adults with Cancer

- Each one of you must be an oncological geriatric nurse
- Base your care on geriatric “best practice” recommendations
- Create age-friendly environments
 - Ambulatory settings
 - Hospitals
 - Home care

Geriatric* Competence *Improves* *Outcomes* for Older Adults

- Care by health care professionals with geriatric preparation:
 - Increases physical and cognitive Function
 - Decreases mortality
 - Reduces disability & illness
 - Improves patient & family satisfaction
 - Improves quality of life, including at the end of life
 - Decreases health care costs

*Geriatrician: doctor who specializes in the medical care of the elderly

Geriatric Nurses Are Not Born – They Are Made

